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## ORIGINAL DEPARTMENT.

### Communications.

**SANITARY CONDITION OF BENTON  
BARRACKS, ST. LOUIS, MISSOURI, 1861—2.**  
*Bubæla, Pneumonitis, Capillary Bronchitis, etc.*

By D. L. MCGUGIN, M.D.,

Of Keokuk, Iowa.

Within no period, of the same duration, in the history of this country has there been as much contributed to the advancement of medical science as has been added during the existence of the present war. The variety, the intensity, and combinations of the pathological phenomena in the ordinary diseases, together with the vast field of surgical pathology, operative surgery, surgical appliances, and treatment, constitute the vast material which has been presented to the mind of the enquirer and observer, and richly deserving record, which if preserved, will constitute a fund of sedate and interesting facts for future investigation, study, and improvement, and contribute largely to the stores already acquired.

It will be the imperative duty of all who have been favored with the opportunities of observation and are in the possession of important data, to make report promptly of their experience that nothing shall be lost; it is with this hope, therefore, that the contributions which may follow, may contribute, even though to a limited extent, to the treasures of thought, the results of observation, and the ripe experience of the many able, self-sacrificing men who have served their country so faithfully in the medical department, which is the great humanitarian branch of the service.

Early in August, 1861, the Third Iowa Cavalry was mustered into the service, and the writer of this was appointed its surgeon. In the beginning of November following the regiment was ordered to St. Louis, Missouri, where it went into quarters in Benton Barracks, which was

then made a camp of instruction. Here a large force had already assembled consisting of cavalry, infantry, and artillery, from all the Western and Northwestern States.

Buildings on an extensive scale, where numbers are considered, had been erected, consisting first of a long line of low structures, as officers' quarters, which extended north and south, and on the east line of the grounds. From this east line a row of still lower barrack buildings extended on each side in length about one half mile, and far enough apart to form a parade ground between. In the centre of this area the Commanding General's head quarters were erected, while at the west end there was a square of quarters so placed as not to close up that side of the square.

The quarters for the rank and file were erected one story high, of rough material, and washed with lime on the exterior. The floors, also rough, were loosely laid and in many instances lower than the surrounding surface. They were divided into apartments intended for a company of one hundred men, with a door opening in the centre facing the area and another in the rear directly opposite. Bunks, in two rows, were raised from the floor and were disposed along the centre and around the sides of each department. There were apertures cut in the sides of the walls, composed only of rough inch plank set vertically, which apertures were for the admission of air and light, and closed by a door, or shutter made to slide to and fro. These apertures opened upon the upper bunks, whose occupants at night closed them to exclude the currents of cold air from their persons. These, and the doors, were the only means for ventilation at the period when the troops took possession of them. Two large stoves for heating these apartments by coal were placed equidistant from each other,—sometimes but a single and much larger one sufficed, which was placed in the centre.

Immediately in the rear of these quarters a narrow street extended from one end to the other, while outside and beyond this again were buildings for kitchens, cooking ranges, and

commissary stores. Still further out but in close contiguity were the stables and stalls for the cavalry, artillery, and transportation horses.

#### TOPOGRAPHY.

From the eastern line on which was located the officers' quarters to the western extremity of the encampment, there is a gradual declination sufficient for drainage. The west line terminated the declining plane, for from this point further west it rose in a like gradual plane of ascent, while from the north line of quarters it as gradually rose to an equal height with the eastern and western ultimatum height, so that a ridge of equal elevation extended almost entirely around, leaving a lower depression at the southwestern boundary where a rivulet passed off into which all the under ground and surface sewers discharged themselves.

The soil is everywhere alluvial, but much deeper at the west end, produced by deposits washed from the higher elevations surrounding, to which had been contributed, from year to year, the material from the decay of the rank vegetation which grew thereon, thereby making it richer and more fertile by the annual contributions of vegetable matters. Much was decomposed but still a larger portion was only partially decayed.

The contiguous territory was found to be peculiar because of the great number of bowl-like depressions in the surface. Many of these were filled, some of them quite full, others but partially, while others again were entirely without water. Underlying the surface are extensive beds of lime rock through which wide fissures extend in all directions. It is supposed that these minor lakes or ponds in some way hold a relation with these fissures, and that as fast as water accumulates in them, it drains away through these rocky subterranean channels. In some of these lakes there is constantly pure clear water, which it is supposed is supplied through these communicating fissures with the river or other large body of water. A larger number, however, whether they ever thus communicated in this manner, are now supplied by surface drainage and their waters decompose during the warm summer months.

The country surrounding may be said to be uniform in its surface, for these small depressions or lakes simply sink below or are as it were scooped out of it. There is therefore little to impede or divert the breezes which generally prevail from the southwest. This is another unfortunate feature in the location of the camp

as it brings back to it the emanations arising from the foul matters washed and deposited in that direction by the sewers.

The soil beyond and around the barracks is of a like character with that of the camp and is industriously cultivated each year. The plow and spade bring up to the surface this partially decomposed vegetable matter which, under the action of the sun and showers, whose miasmatic emanations are sent into the air to be wafted abroad over an extended surface.

From the foregoing it would not be difficult to conjecture that the medical topography would show the prevalence of the usual zymotic diseases, and the experience of long resident and skillful medical men, confirms the suspicion. Intermittents, remittents, typhoid, and enteric fevers during autumn, and typhoid pneumonitis and others during the winter and early spring months, are the ordinary afflictions.

The foregoing may appear uninteresting from its prolixity, but as the phenomena which will be described were at the time of the gravest character and which manifested themselves during the stay of the troops in the barracks, awakened the deepest concern, not only on the part of the surgeons, but of the humane commanding officers, I may be pardoned for presenting every fact which could bear upon the subject and touching the predisponent and exciting causes in their production.

The newly enlisted troops continued to pour into camp, infantry, cavalry and artillery forces, until all the quarters were filled full up to the capacity assigned to each. Yet they came rolling in fresh from their homes, their comforts, and enjoyments to which they had been accustomed, for they represented the best families and the most independent farmers in the rural districts of the Western and Northwestern States. They came too to receive outfit and supplies, and therefore, were without tents and many of them without uniforms or arms. Still they came, one or two regiments per day oftentimes. But what disposition was to be made of them? The Barracks were full, for each department had its company of one hundred men, and the measurement would not safely permit any addition to the number. But the weather was cold and bleak and they must be provided with shelter. The alternative, however much to be deplored and which was left, was to crowd into each department a second company which was the beginning of an end which it was not difficult to foresee. In future numbers I will endeavor to give the result.

## EXTIRPATION OF A LARGE TUMOR.

By C. C. FIELD, M. D.,

Of Easton, Pa.

Mr. JOSEPH MOYER, of Lower Mount Bethel Township, Northampton Co., Pa., aged 48 years, naturally of robust constitution but latterly of haggard appearance, had for a long time been a sufferer because of a large tumor, located in the inguinal region of the right side. The tumor commenced growing about eight years since, but caused no suffering until about two years ago, when the pain was of so lancinating a nature as to deprive the subject of it of rest by day and night. His duties, which were those of a farmer, he found it impossible to attend to without extreme suffering, which ultimately drove him to seek surgical assistance. With this object in view, he called at my office, about the beginning of the new year, and desired a thorough examination of his case, and an opinion as to the proper remedy.

The tumor was found to extend from the groin to the under part of the upper third of the thigh, not oblong, as in Hydrocele, but oval, its transverse diameter at its inferior part, which was six and a half inches, being about equal to the same diameter in the middle; the superior portion was equally broad, and appeared to pass into the abdominal cavity, filling up the whole inguinal space. The skin was thick and of a purple hue, and the tumor hard and extremely painful on pressure, the patient complaining of the pain extending into the abdomen.

After a complete examination, I came to the conclusion that the tumor was of the nature termed sarcocele, probably of a malignant character, and at once stated my conviction to the patient, adding my belief, that nothing less than extirpation of the diseased mass would afford him a chance for recovery.

Readily assenting to the advice given him, his system was thoroughly prepared for an operation, and on Thursday, Feb. 2d, I performed it, in the following manner, receiving valuable assistance from Dr. BERGEN, one of my former pupils. The patient was placed upon his back, on a narrow table, each foot resting on a stool on either side of the operator. Being then, after the parts had been shaved of hair, put well under the influence of chloroform, the tumor was elevated by the left hand, and an incision nine inches in length, extending from the superior to the inferior portion of it made, and layer after layer rapidly dissected from it, until its base was reached; intervals only being allowed,

that the divided vessels, which were found to be much enlarged, might be secured—the external pudics and art. ad cutem abdominis bleeding furiously. The diseased mass was then carefully dissected from the outer and inferior portion of Poupart's ligament, and the spermatic cord reached, which was found immediately above the tumor, much enlarged and indurated; the cord being drawn downward and an apparently healthy portion secured, it was isolated from the surrounding parts, and the *vas deferens* divided and separated from it. Around the remaining portion a strong ligature was applied, the cord cut below it, and the entire tumor removed. The wound was closed with the interrupted suture, water dressing applied, and the parts properly supported by a compound T bandage. The patient was then put to bed, having been wholly unconscious of pain during the entire operation.

The weight of the mass removed is four pounds and five ounces, and on examination it proved to be of the character supposed, the organization of the testicle being totally destroyed, with an evident malignant tendency. At this writing the patient is rapidly improving, and has well-founded hope of complete recovery.

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## Hospital Reports.

PHILADELPHIA HOSPITAL, }  
November, 1864. }

## SURGICAL CLINIC OF DR. D. HAYES AGNEW.

Reported by W. H. Ford, M. D., Resident Physician.

## Paralysis of the Right Superior Extremity.

J. S., æt. 79, admitted November 7th, 1864. The day before his admission, the patient fell and struck his shoulder upon a stone. When he arose his arm hung motionless at his side, and from that time to the present he has had no use of it. His general health has always been good, and he is quite robust for one of his age. The difficulty might be ascribed to dislocation of the shoulder joint, in which there would be deformity due to unnatural prominences and depressions, lengthening or shortening of the limb, and loss of motive power. None of these symptoms exist in the present case. There is loss of voluntary motion of the limb but by manipulation we find no obstacle to complete motion. There is no fracture which would be indicated by deformity, preternatural mobility and crepitus, none of which are present. Again the affection might be ascribed to paralysis of the deltoid and other muscles about the shoulder; but this would not account for the

complete loss of motion and the partial loss of sensation of the whole extremity. The most probable diagnosis of the case is injury of the axillary or brachial plexus of nerves, caused by violence directly applied. This will fully account for the existing symptoms.

*Treatment.* In treating this accident our object is to remove inflammation; and this may be accomplished by counter-irritation. We will apply a blister near the shoulder over the outer part of the great pectoral muscle, followed, in a day or two, by stimulating embrocations and frictions to the limb. It will not be amiss to make a free use of tonics to invigorate the system.

#### Fractured Clavicle.

A. J., æt. 55, received a severe blow upon his right shoulder from a fall, which has rendered his right extremity comparatively useless. In examining the injured shoulder we find that it is drawn downward, forward, and inward; that the distance between the sternum and the acromion process of the scapula is less than the distance between the same points on the uninjured side; that there is inability on the part of the patient to lift his arm; that by moving the finger along the clavicle, which is a very superficial bone, a roughness is noticed midway between the sternum and shoulder; that by drawing the shoulder off from the body crepitus can be elicited, and the outer extremity of the bone is felt to move at the same time. The case is one of fractured clavicle, produced by force indirectly applied.

*Treatment.* There are several methods of treating such a fracture, and the object is the same in each, namely, to keep the shoulder upward, outward, and backward. *DESSAULT'S* is an old apparatus, but in some cases it has no substitute. The modern appliances are modifications and simplifications of *DESSAULT'S* apparatus. In this case we intend to apply *Fox's* apparatus. It consists of a wedge-shaped pad for the axilla of the injured side, a sling to support the forearm, and a padded ring for the sound shoulder to be used for the attachment of the cords of the sling. The base of the pad is placed in the axilla with the object of forcing the shoulder upward and of affording a fulcrum upon which the shoulder can be forced outward and backward by means of the sling. These dressings are allowed to remain until they fail to fulfil their proper object when they must be removed and reapplied. From four to six weeks time will accomplish a cure. *LEVIS' apparatus*, a modification of *Fox's*, is also good.

#### Fracture of the Surgical Neck of the Humerus.

J. P., æt. 55, admitted November 17th, 1864. Two days ago this man fell and received a violent blow upon the top of his right shoulder, producing an injury which has deprived him of

the use of his arm ever since. By comparison there is noticed a great difference between the injured and sound shoulders, and none between the extremities below the elbow. There is preternatural heat, discoloration, pain, and great tumefaction—this shoulder being double the size of the sound shoulder. There does not seem to be a dislocation, as the rotundity of the shoulder is not lost, and moreover, by manipulation, the head of the humerus is detected in the glenoid cavity. There is no fracture at the middle or at lower third of the arm. By measurement from the acromion to the external condyle, this arm is found to be one inch shorter than the sound arm; hence there must be a fracture of the humerus, probably at its surgical neck. This supposition is verified by the presence of crepitation and preternatural mobility, which are produced by grasping the head of the bone and rotating and extending the arm. The upper fragment is drawn outward and upward by the action of the supra and infra-spinate muscles, while the lower fragment is drawn inward toward the body by the latissimus dorsi, pectoralis major, and teres major muscles, and upward by the deltoid muscle.

*Treatment.* In all fractures above the elbow the roller should be applied from the fingers to the shoulder to prevent œdema and contraction of the muscles. It should be applied moderately loose at the first to allow for swelling. When adjusting it in the neighborhood of the fracture, extension should be made upon the arm. Only three splints are necessary. There should be one in front, one behind, and the third on the outside; this latter must be long enough to extend from the external condyle to the top of the shoulder. These should be well padded and covered with muslin, or with a bandage. After they have been adjusted the arm is bandaged to the side of the body, which acts as the internal splint. A few folds of muslin should intervene to prevent chafing of the skin of the chest. The wrist is supported by a sling, but the elbow is left free to act as the extending force, by its weight. At the expiration of three weeks passive motion will be instituted. We may expect firm union in five or six weeks.

#### Epididymitis.

J. A., æt. 35, admitted November 10th, 1864. This patient has lately been cured of a gonorrhœa, and is now suffering from one of its most frequent complications; namely, swelled testicle or more properly termed epididymitis. This usually results from the abortive treatment for gonorrhœa. The epididymis is situated at the posterior border of the testicle and is connected with the urethra by the vas deferens. The inflammation of the fossa navicularis—constituting an ordinary gonorrhœa—extends by the continuous mucous membrane of the urethra and vas deferens until it reaches the convolutions of the epididymis producing epididymitis.

**Symptoms.** Pain in the direction of the spermatic cord and in the affected organ; swelling, tenderness, and sometimes fever. In the present case the globus minor at the lower part of the testicle is much enlarged and tender.

**Treatment.** When epididymitis results from gonorrhœa, it has been recommended to re-establish the inflammation in the urethra; but there can be no rational ground for such a procedure. Treat the case as an ordinary inflammation; locally, by the application of leeches, just above the external abdominal ring, and by the use of saturnine lotions and the suspensory bandage; and constitutionally, by the administration of a purge, and by antimonials if there be fever. When there is induration depending upon an effusion of lymph, nothing is so well adapted to the case as compression maintained by adhesive plaster. We will make use of the adhesive straps in the present case. The parts are first denuded of hair and thoroughly cleansed. The testicle is separated from its fellow, drawn down to the bottom of the scrotum, and adhesive straps, about three-fourths of an inch in width, are applied regularly and firmly around it, from above downward. The first strap should be applied immediately above the testicle.

#### Frost-bite.

A. R., æt. 30. This patient while exposed during a cold night a short time ago in a vessel off the coast of North Carolina, had both feet frost-bitten. The injury inflicted is not very severe, as the man was not subjected to a very low temperature. The frost-bite is superficial, not extending below the cellular tissue. The skin is tense, œdematous, and has a dark livid hue; there are several vesicles seated over its surface. These phenomena are explained in this way. An impression is made upon the nerves; the blood is repelled from the arteries, and stagnates in the veins; the serum transudes through the coats of the vessels and produces œdema, which runs on to vesication; the vesicles burst and expose ulcers, which may be the commencement of extensive destruction of the tissues involved. Frost-bites like burns vary in degree. There may be mere congestion of the skin without desquamation of the cuticle; or there may be inflammation of the skin with vesication; or the skin and cellular tissue may be involved; or all the parts—the bone not excluded—may be destroyed. A line of demarcation gradually forms which is an effort of nature to get rid of the offending mass, and this process must often be assisted by the resources of surgery to ensure a good stump.

**Treatment.** The parts at first should be rubbed with snow or ice-cold water, so as to invite the gradual return of the circulation. They should be kept from the fire, and no warm applications should be used lest excessive reac-

tion ensue. Our object is to restore the normal calibre of the blood vessels. When the natural temperature has been restored, we may make use of slightly stimulating lotions, as, for example, turpentine, soap liniment and diluted tincture of iodine. The warm-water dressing may now be of service. Sensation and the normal circulation have been restored in the present case, and we will continue the use of the dilute tincture of iodine which seems to be acting well.

JEFFERSON MEDICAL COLLEGE, }  
October, 1864.

SURGICAL CLINIC OF PROF. S. D. GROSS, M.D.

Reported by Dr. John P. Shrauder.

#### Ganglion of the Wrist.

S. S., 20 years of age, has an encysted tumor on the back of the wrist which commenced forming a year ago after a severe sprain. It is of a globular shape, movable and painful during motion of the wrist joint, and is formed in connection with the sheath of one of the tendons of the extensor muscles of the fingers. A portion of the sheath is closed up and the secretion from its internal surface is altered in its properties so as to present the appearance of currant jelly or thick arrow root. Such a tumor may occur upon the hands and feet, and is more commonly found upon the tendons of extension than upon those of flexion. It is analogous to a mucous bursa and house-maid's knee. The operation for its cure consisted in a complete division and scarification of the cyst by the tenotome used subcutaneously and afterwards applying systematic compression by means of a piece of coin supported by a roller.

#### Necrosis of a portion of the Superior Maxillary Bone.

M. E., 6 years of age, has a swelled cheek on the left side occasioned by the presence of a detached portion of the superior maxillary bone in a state of necrosis. Her breath is offensive from the fetid discharge from the dead bone. The affection commenced about three months ago, after the extraction of a tooth, the child laboring under the effects of a diarrhœa at the time. Such a disease is occasionally brought on by the inordinate use of mercury, or as a result of excessive anæmia, sometimes it occurs as an epidemic as in cancrum oris. The sequestrum was removed by means of the forceps, and gargles of permanganate of potash or Labbarques' solution were ordered to be used. In the course of a short time nature will restore the parts to a healthy condition. The child returned a week after the operation free from fetor and in all respects greatly improved.

**Caries of the Tarsal Bones.**

C. B., 21 years of age, has caries of the tarsal bones. She had been at the clinic in September last, laboring under a similar affection, when a large portion of the metatarsal bone of the fourth toe was removed. The sinus leading to the diseased bone communicated externally by an opening nearly on a line with the course of the dorsal artery. The probe passed to the depth of two inches revealing a cavity large enough to admit of the passage of the index finger and containing a large quantity of semi-organized lymph. The opening was enlarged and the diseased portions of bone removed with the gouge and drill. This disease is usually ascribed to a scrofulous or syphilitic origin.

JEFFERSON MEDICAL COLLEGE, }  
November, 1864. }

SURGICAL CLINIC OF PROF S. D. GROSS, M.D.

Reported by Dr. John P. Shranader.

**Fibrous Polyp in the Nasal Cavity.**

D. M., 11 years of age; has a fibrous polyp in the left nasal cavity, which commenced forming eight months ago. It is firmly attached by a broad base to the posterior nares, to the floor of the nostril, to the side of the ethmoid bone and to the basilar process of the occipital bone. The diseased mass completely blocks up the posterior nares, and has been the seat of repeated hemorrhages so as to produce a certain degree of anemia. It discharges a thin muco purulent and occasionally bloody fluid. The patient is unable to articulate well on account of the obstruction, and snores most violently during the night, being obliged to lie with his mouth wide open. These tumors are composed of fibres interlacing with each other in every conceivable direction, they are remarkably vascular and rarely occur in any other situation than the posterior part of the nasal fossa in connection with the floor of the nostril or the septum of the nose or of the palate bone, or all of these parts simultaneously. It is likewise remarkable that they occur at comparatively early age. Their growth is usually rapid and in time they acquire a large bulk sufficient to lift the nasal bones out of their position, producing the deformity called "frog face." They are susceptible of malignity and occasionally take on this kind of action. This tumor is very difficult to remove on account of its being seated so far back, and as its adhesions are so firm there is no method of detaching it, but by dividing its connections with the knife. Attempts have been made to ligate them with a double canula, but in this case the base is so broad and the attachments so firm that failure would be inevitable.

Prof. Gross devised, many years ago, an instrument for the removal of these tumors. It is shaped like a chisel and bevelled off at the

extremity. By means of this instrument the mass was shaved off from its connection with the floor and walls of the nasal fossa; the finger of the left hand being placed in the posterior nares so as to prevent the tumor from falling into the larynx in the event of its being detached. The adhesions to the basilar process of the occipital bone were so firm that they could not be detached with a pair of lithotomy forceps, and an instrument similar to the one described, but having its point bent at an angle, was devised to shave it off from its connections in these situations. The hemorrhage was considerable but was restrained by plugging the anterior and posterior nares by the aid of BELLOCQ's canula. These operations forbid the use of chloroform as it is necessary that the patient should have full control of his palate to prevent the flow of blood into the larynx.

PHILADELPHIA OPHTHALMIC HOSPITAL, }  
February, 1865. }

CLINIC OF DR. P. D. KEYSER.

Reported by Dr. H. Y. Shaw.

**Blepharo-Plastic.**

Captain A. D., from North Carolina, was under treatment for cancer of right upper lid. He had been operated on twice in the United States Military Hospitals at Newbern, N. C., without success. Being advised to come to Philadelphia for treatment, he presented himself at this hospital in the following condition: part of the eyelid had been removed from the centre, making a broad split or gap just over the cornea. The temporal side was hard and swollen, showing the base of the tumor therein. The bulb was beginning to suffer from the exposure to the air and diseased portion of the lid. Upon examination Dr. KEYSER informed the patient that the best treatment for the case would be to remove the whole of the upper lid, leaving the cartilage of the levator palpebræ muscle and mucous membrane, and make a new lid by transplantation (blepharo-plastic); which he consenting to, was done. The operation was performed as follows:

The patient lying upon the operating table was chloroformed, and the mucous membrane being carefully dissected off, the tumor with the outer skin was removed; the tarsal cartilage being free from disease, was allowed to remain. A piece of integument of the size necessary to replace that removed from the lid was cut loose from the temple, and over the brow, and turned down to form the new lid, and fastened by silk sutures; the edges of the wound on the temple and brow were drawn together by silver wire. An oiled lint was laid over the whole. It healed by first intention, and the patient was up and out in a few days, when the peduncle was cut, and outer canthus formed, and the man soon returned home quite improved in looks.

**Iridectomy.**

R. G., *æt.* 10 years, suffered, when an infant, from keratitis suppurativa in both eyes, which, upon healing, left the centre of each cornea with an opaque spot, thereby preventing sight. As the cornea of both eyes are clear below the opacity, it was decided to make artificial pupils, operating upon the right one for it.

The patient was etherized, the eyelids held open by the spring stop speculum, and an opening made in the cornea near the sclerotic edge with the curved iridectomy lance, the iris was gently drawn out by the forceps and clipped off with the scissors. A solution of sulphate of atropia 4 grs. to f3j was dropped in and the eye bandaged up. It progressed well, and in eight days the patient was out.

It was here remarked that the point of the lance should at first be pushed at right angles through the cornea, and then the handle pressed over so that the blade shall pass in parallel to the iris. This is to insure the incision through the cornea, and not, as often has occurred, that the lance instead of passing through, passes in between the lamina thereof, thereby causing opacity in perhaps the only remaining clear part.

Care must be taken that the lance when once through the cornea is slowly drawn out so that the aqueous humor is gently let off, otherwise by a sudden gush, luxation of the lens might take place with perhaps loss of the lens, vitreous humor, etc.

**Distichiasis.**

Distichiasis is the formation of superfluous hair follicles on the edges of the lids. From these follicles grow false lashes—pseudocilien—which have from the beginning a wrong direction, and are more twisted and turned by every movement of the lids. They appear singly and in tufts out of the edge of the lids, with the direction inward, and occur more particularly on the upper than the under lid.

Sometimes they are as long, strong, and colored as the true lashes; but generally are very fine and colorless, requiring a practiced eye to distinguish them. The lid itself is not necessarily changed in its character and appearance, but upon the removal of the pseudocilien has a complete normal appearance.

These turned-in hairs being in reality foreign bodies, rub the cornea and cause the feeling of scratching, sticking, etc. in the eye, and often are the cause of great photophobia and cramp of the lids. The conjunctiva bulbi is much injected and swollen, a considerable lachrymation continually taking place. The cornea generally has the appearance of a partial or total keratitis pannosa, and is sometimes accompanied by herpetic efflorescences of different stages. The inner organs of the bulb can

become affected from the inflammatory process, destroying the functions of the eye, leading to atrophy or phthisis bulbi.

The cause is sometimes primary, but mostly secondary from chronic blepharitis and conjunctivitis.

**Treatment.** The drawing out of the hair will not help in this affection as in trichiasis, but a different position must be given to the follicles so that the hair will grow outward; this is best done by a transplantation of the border of the lid containing the follicles.

Mrs. J. M., *æt.* 49, the patient before us is a case of distichiasis of three years standing from a blepharitis ciliaris. The hair has been pulled out weekly by her physician, but with no permanent relief, and by the advice of Dr. KEYSER she is now ready to undergo the operation of transplantation. The operation being painful, the patient was etherized. The head was held by an assistant; a horn shield was pushed under the lid and held up from the bulb, putting the lid well on the stretch. Now the edge containing the pseudocilien was dissected up by a fine scalpel, being careful not to interfere with the meibomian canals. The cut was extended well up to the cartilage. After this an incision was made the whole length of the outer part of the lid about 2" above and parallel to the edge, deep through to the cartilage; this being done a bow-shaped cut was made from one end to the other, and the piece between the cuts taken up and dissected out, care being taken not to injure the levator palpebræ muscle. The edges of the outer wound only were united by silk sutures and simple dressing put on. The wound did well and was soon healed. The inflammation of the conjunctiva and cornea passed off in a day or two after the operation without treatment.

**EDITORIAL DEPARTMENT.****Periscope.****Uses of Glycerin.\***

In his excellent monograph on the uses of glycerin lately published, Dr. HENRY HARTSHORNE, of this city, gives the following summary:

1. Glycerin is not a fat, nor a sugar; but chemically an alcohol.
2. For use by the physician or druggist it must be absolutely *pure*; free from chlorine, lead, lime, sulphuric acid, volatile fatty acids, and glucose; and both colorless and *inodorous*.

\* See also MEDICAL AND SURGICAL REPORTER, vol. x., p. 137.

BOWER's and PRICE's manufacture will come up to this standard.\*

3. Externally applied, glycerin has no specific influence over cutaneous disorders but is an excellent emollient, especially in: *erysipelas, prurigo, scaly eruptions, burns, and gangrenous wounds*. It may be made the vehicle for any of the preparations used for skin diseases; may be diluted if necessary for open, fresh wounds, and may have *bromine, carbolic acid, etc.*, dissolved in it for gangrene.

4. The preparation most widely approved, as a substitute for ointment, is *glyceramyl or plasma*; composed of glycerin and starch, mixed with the aid of heat. The proportions may vary, but are usually about one part of starch to from five to eight or even sixteen parts of pure glycerin. A little glycerin added to an ordinary poultice will keep it from becoming dry and hard. A glycerole of soap is mentioned by Dr. W. A. SMITH, consisting of from one to four parts of animal soap, powdered, mixed with thirty parts of glycerin, and dissolved by heating it in a water-bath.

5. Glycerin may be used as an adjuvant to the bath (twelve ounces or more at once); softening the skin pleasantly. After bathing, a few drops of it poured upon a sponge and rubbed over the body, will have a very comfortable effect.

6. Internally, glycerin is a mild laxative; in the dose of one to four drachms, it is especially available for children.

7. It cannot be relied upon as an *analeptic* in phthisis; but may be useful as an expectorant.

8. In pharmacy, glyceroles are more stable than aqueous, oleaginous, or saccharine preparations, while they are less stimulant, and generally more agreeable than alcoholic tinctures. Glycerole of quinine, of iodo-quinine, of iodide of iron, of subnitrate of bismuth, of lactucarium, of atropia, and of acetate of lead have been considerably used. Among many others that have been suggested, that of ipecac. is particularly desirable, on account of the great fermentability of the ordinary syrup. I would add, also, especially the following:—

#### *Glycerole of Quinia with Strychnia.*

B. Strychniæ,	gr. j.
Quin. Sulphat.,	℥ij.
Glycerin,	℥iv M. ft. sol.

Dose, a fluidrachm.

A combination of *nux vomica* with quinine has recently been found valuable in the cure of obstinate *chronic intermittents*, which resisted

quinine alone. The above preparation will answer for the same purpose.

#### *Glycerole of Ammonio-citrate of Iron and Quinine.*

B. Ammonio-ferri et quiniæ citrat.,	℥ij
Glycerin,	℥iv M. ft. sol.

Dose, one or two fluidrachms.

The addition of this to cod-liver oil destroys the nauseousness of its taste and effect; especially with the further addition of one or two drops of oil of cloves to each ounce of the mixture.

#### *Glycerole of the Sulphites of Soda and Magnesia.*

Worthy of careful and extensive trial as *antizymotic*; upon the idea of Polli (*Am. Jour. of Med. Sciences*, April, 1863, p. 467, and Jan. 1865);\* in diphtheria, etc.

#### *Glycerole of Phosphate of Iron.*

B. Ferri phosphat.,	3j
Glycerin,	℥iv M. ft.

Dose, two fluidrachms.

This requires slight shaking when given, although nearly the whole is dissolved.

#### *Glycerole of Oxide of Zinc.*

B. Zinci oxid.,	℥ss
Glycerin,	℥iv M.

S. Shake before using. For external application.

I advise this as an emollient for severe burns, and in *eczema, herpes, pemphigus*, etc.

#### *Glycerole of White Lead.*

B. Plumb. carbonat.,	3j
Glycerin,	℥iv M.

This is an almost perfect solution, all of the carbonate being suspended on slight agitation. It is recommended to be applied to the edge of the lids with a hair pencil, in *conjunctivitis*, or *general ophthalmia*, acute or chronic; to *inflamed hemorrhoids*, and to the surface over bones affected with *periostitis*, of scrofulous or other origin. In the last-named affection I have found carbonate of lead of remarkable utility; and glycerin will introduce it more readily than any unguent.

Many other applications of the same or other similar preparations might be suggested. I cannot pretend to exhaust the subject. Yet, in the American Pharmacopœia, but a few lines are given to glycerin, and none to any of its preparations; and in the British Pharmacopœia, it is merely mentioned as a solvent for tannin in *supposit. tannic*. It can hardly be much longer left to so insignificant a share of official recognition.

\* The best that I have been able to obtain from any other source but those above mentioned, has a perceptible and somewhat disagreeable odor when rubbed upon the hand; besides giving copious precipitates with solution of nitrate of silver, and with chloride of barium; which do not at all affect strictly pure glycerin.

\* Vide Dr. W. F. ATLEE's account, in that journal (Jan. 1865, p. 52), of the good effects of sulphite of soda in pyæmia; and M. Carey Lea's paper, in the same number (p. 84), on the Transformation of Sulphites in the system.

**Transformation of Muscular Fibre into Fat.**

At a recent meeting of the Boston Society for Medical Improvement, Dr. J. WYMAN stated that he had seen fatty degeneration occur in muscular fibre under the following circumstances. Portions of muscle were introduced into a flask with water, thoroughly boiled, supplied with air through a tube heated to redness, and then the flask was hermetically sealed. In the course of three or four weeks, on examination with the microscope, the fibres, without having become putrid, were found to have the sarcolemma entire; in some the fibrillæ were still distinct, in others they were partially replaced by granules, and in others they had wholly disappeared and the fibre-sheath was filled with globules of oil.

Dr. ELLIS had examined some of the specimens and recognized the same appearances which are seen in ordinary cases of fatty degeneration. RUDOLPH WAGNER found that various albuminoid substances underwent a similar change when introduced into the abdominal cavity of a living animal. It was objected to his experiments that the fat may have been secreted by the animal and substituted for the materials of the tissues introduced, these having disappeared. In the experiments here given, such an explanation is inapplicable, for, since the muscular fibre was only surrounded by water, there could be no other source for the fat than the fibre itself.

In view of these facts it seems probable, as FOURCROY originally suspected, that adipocire can be derived from muscle which has undergone transformation into fat.—*Boston Medical Journal.*

**Vehicle for Administering Powders.**

Wafer paper is much used in France as a vehicle for powders. It may be made by heating two common smoothing irons and touching their surface with butter, and then pouring on one of them a small quantity of thin paste made of rice or wheat flour, the other iron being instantly applied so as to press the wafer between the two faces and cook it sufficiently. The iron must not be hot enough to scorch it. In using the wafer cut it of the proper size and dip it in water; place the powder on it and wrap or roll it up. It is said to go down like an oyster.

**Reviews and Book Notices.****A Monograph on Glycerin and its Uses.**

By HENRY HARTSHORNE, A.M., M.D., Member of the American Philosophical Society; Fellow of the College of Physicians of Philadelphia, etc., etc. Pp. 68, 12mo. Philadelphia: J. B. Lippincott & Co., 1865. Price 60 cts.

Considering the fact that glycerin was first discovered as long ago as 1779, and that it is applicable for so many medicinal and pharmaceutical purposes, it is remarkable that it is only within a few years that it has been brought into practical use. The Author of the little work before us says that "in glycerin we have an article with a very wide range of uses, not yet all well determined." He says, moreover, that "much of the indifference which both druggists and practitioners have displayed toward it may be explained by disappointment resulting from the use of an imperfectly purified article." Dr. HARTSHORNE treats his subject briefly and to the point under the following heads: history; source; properties; chemical relations; manufacture; adulterations; tests; solvent powers, physiological actions; medical uses, external and internal; pharmaceutical uses; summary; and uses in the arts, etc. The summary we shall reproduce in our Periscope Department.

The medical and pharmaceutical professions are both under obligations to Dr. HARTSHORNE for this brochure, and we trust and believe that it will have the effect of calling more attention to the importance and usefulness of glycerin as an article of the *materia medica*. The work is issued in a very neat and attractive style.

**Outlines of Surgical Diagnosis. By George**

H. B. MACLEOD, M.D., F.R.C.S.E., E.E.L., F.A.C., Physician and Surgeon, Glasgow, Lecturer on Surgery, Anderson University; Surgeon to the Glasgow Royal Infirmary and Lock Hospital, etc., etc.; Author of "Notes on the Surgery of the Crimean War." First American Edition, reprinted from advance sheets. New York: Bailliere Brothers, 520 Broadway, 1864.

This is a volume of 505 pages, written in a very concise style and fulfilling, we think, very well the object contemplated by its author. It seizes on the more palpable features of surgical disease, presenting the salient points of distinction between such as possess certain external marks of resemblance in a manner well calculated to aid those whose experience and familiarity in the subjects of their profession have not been well matured. There are objections, as the Author is aware of, which might be pressed against his method, but these we conceive to be of but small moment, when weighed against its many merits. Just such a book as this is greatly needed, and every young man entering on the duties of his profession should have it, and read it thoughtfully.

## MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, MARCH 4, 1865.

### CYCLONES AND SICKNESS IN INDIA.

Within the past few months, two cyclones of terrible severity have occurred in the bay of Bengal. In a brief notice of these most remarkable rotary storms, these gigantic whirlwinds, we shall not be departing far from the strictly professional range to which we limit ourselves in this journal; for these tornadoes are not only attended with great destruction of life, but are also the fruitful cause of disease and death. They generally occur about the time of the change of the monsoons, that is, in the months of October and April.

The first of these two cyclones occurred on the fifth of October last. Its central force seems to have been felt at the head of the bay in the region of Calcutta. The waters of the bay were piled up to a height of thirty feet, and driven with fury over the island of Saugor, and other low lands at the mouth of the Hoogly. It flooded the entire delta of the Ganges known as the Sauderbunds; it swept up the river to Calcutta and far beyond. All up the river, the population on both sides has literally been "carried away as with a flood." It was at first reported that 12,000 persons had perished by these inundations. This was regarded as an exaggeration, and disbelieved in England, but subsequent inquiry proved that this estimate was very far below the truth. It is now ascertained that more than five times that number perished by drowning or in other ways. In the island of Saugor alone 7,000 persons are known to have been swept away. An eye witness says: "The Sauderbunds are swept bare of every living thing, and every habitation. The river and the land were strewn with dead bodies of men, cattle, and even snakes. The river was so full of dead bodies of all kinds, as to impede the progress of the steamer. A missionary speaks of a police officer, who in coming from Diamond Harbor, (near the mouth of the Hoogly,) to Calcutta, made his way with immense difficulty, and counted over 5,000 corpses on his route. Of the 200 ships and steamers at Calcutta, more than 100 were destroyed, and generally with all on board. Four hundred and ten houses, well built of masonry, were utterly ruined, and more than 1,600 seriously damaged. Of the small native houses in the city, 40,000 were destroyed. More than 1,000 persons perished by the falling of houses

alone. A recent estimate places the loss of life by this cyclone at 60,000!

By a private letter we have notices of a second cyclone, the principal force of which seems to have been felt on the coast to the southward of Calcutta. At Marsulipatam, a large city on the western shore of the bay, 20,000 persons were either killed or drowned during this storm. Thirty-five out of sixty girls in a boarding school of the Church Missionary Society in that city perished.

As was anticipated, disease had already commenced its ravages in the form of cholera, small pox, and fever. The latter which often prevails as an epidemic in those low marshy districts is now depopulating whole districts. The poor natives die on all hands without hope of assistance, and without medicine. There appears to be no means to stop the progress of the diseases which are now devastating the country. The native feels ill, wraps himself in his blanket, says it is his *fate*, and so perishes.

All this is sad enough when reviewed at this distance, but it is not without its personal significance and interest to us; for India has always had the reputation of being the seed-plot of disease. The Asiatic cholera, one of the most fearful scourges of our race, claims India for its birth-place.

### COLLEGE COMMENCEMENTS.

#### Bellevue Hospital Medical College.

The commencement exercises of Bellevue Hospital Medical College were held at the Academy of Music, on Saturday last in the presence of a large audience.

The stage was occupied by the Faculty and Board of Trustees of the College and the speakers.

A selected orchestra, of forty-eight pieces, under the direction of CARL BERGMANN, enlivened the exercises by performing several beautiful airs.

At 8 o'clock the students entered the building in a body, the band playing a "grand march," and took their places in the front orchestra seats.

The exercises were opened by the Rev. Dr. BEACH, who made an impressive prayer.

Prof. ISAAC E. TAYLOR, President of the Faculty, conferred the degree of M. D. on the graduating students, in a few remarks impressing upon them the duty of keeping inviolate the secrets of their patients, relieving the sufferings

of their fellow-creatures, and constantly improving themselves as physicians.

After the graduating class had received their diplomas, Professor TAYLOR made an interesting address to the students. He enjoined the necessity of devoting themselves to the study of their profession, which elevates mankind and expands the mind, and said they should remember that a solemn and important trust had been confided to them, and that earnestness of purpose was absolutely necessary to success.

Dr. GEORGE G. NEEDHAM, of the graduating class, then delivered an eloquent valedictory, which was highly applauded.

Hon. MOSES H. GRINNELL, of the Board of Commissioners of Public Charities and Correction and one of the Trustees of the College, made a brief address. He referred to the fact that the College was established four years ago by the Commissioners of Charities, at the suggestion of the President, Professor TAYLOR. Great good had already been accomplished through its instrumentality. He was sorry that one section of our country was not represented by the one hundred and eight students who graduated that evening; but he looked forward with hope to the next commencement, when the national flag will wave over thirty-six States. He asked the citizens of New York to give the College, which he believed to be unequaled by any in the country, its cordial support. In conclusion, Mr. GRINNELL gave some parting words of advice to the class, after which the Rev. Dr. THOMPSON delivered an eloquent address.

The audience were dismissed with the benediction.

#### COMPULSORY VACCINATION.

Small-pox is still very prevalent throughout the country. The mortality in New York, according to the reports of the City Registrar, which it is strongly intimated do not state the true mortality, represent a rate exceeding fifteen hundred (1,500) a year. The present mortality of this city, from the same cause is at the rate of over a thousand (1000) per annum. We learn from our extended correspondence with the profession of the country that the disease is prevalent everywhere.

This, of course, is all wrong. Here is a criminal waste of human life going on, and that by one of the most disgusting of diseases, at the rate of many thousands per annum—not far from fifty thousand, if the mortality throughout

the country is as great as it is in these cities. We speak of the war as filling the land with mourning—why, here is an *entirely preventable disease*, which, without any compensating advantage is nearly, if not quite, as fatal to human life as the war which is desolating the land, and which we are all so anxious to see closed!

The medical profession has constantly and earnestly recommended that efficient measures be taken to enforce the duty of vaccination. Compulsory action must be had if this disgusting disease is ever to stop its ravages. Strict laws, with heavy penalties attached will have to be passed. It is marvellous that our legislators are so dilatory in this important matter. But their indifference in this matter is but a sample, in very bold relief, of their utter disregard of the highest interests of their constituents, while days and weeks are spent on matters of no importance at all in comparison. One of the most urgent wants in all our States is the early passage of efficient laws to *compel* the people to be vaccinated.

#### A DENTAL COLLEGE IN NEW YORK.

An effort is being made to have a Dental College incorporated by the Legislature to be located in the city of New York. Several attempts have been made to establish dental colleges in that city, but hitherto without success, while in this city there are two in operation, both being well patronized. It is very singular that an institution of the kind cannot be supported in New York. The demand for dentists in that city and State, and throughout New England—where there is, we believe, no dental college, must be very great. A dentist should be accomplished in his important profession, and how he can be without a proper dental education, it is difficult to conceive.

In the meantime, whatever may be lacking as to the means of acquiring a thorough and practical knowledge of dentistry in New York, the Pennsylvania and Philadelphia Dental Colleges can supply.

### Notes and Comments.

**Embalming.** By W. H. Mussey, late Medical Inspector, U. S. A.

The charges for embalming bodies in the army are so exorbitant compared with the actual cost of the process, that I am induced to present to the profession the following note upon the sub.

ject: Whilst in North Carolina last year an old friend whom I found there died. He was a chaplain. His family being in moderate circumstances, I thought, to save the expense of embalming, I would do it myself, and took chloride of zinc, one ounce; arsenious acid, two drachms; warm water, one gallon. The chloride of zinc was dissolved in water, the arsenic in alcohol in a mortar, and the articles mixed in the warm water, and injected into the femoral artery by means of an ordinary elastic gum syringe, the compression of the ball affording sufficient force, and a continuous stream was thrown upward till about one pint remained, when the nozzle was turned, and the limb injected.

The result was, that when the body was interred in Massachusetts, and the features were exposed, they were perfectly natural, with a blush upon the cheeks. The sooner after death that the injection is made the more perfect will be the state of preservation. A medical student or a hospital steward with but little instruction would soon become an expert in the process. The actual cost of the material is not more than fifty cents. The charge for embalming is from twenty-five to two hundred dollars.

#### Inauguration of a New Army Hospital.

The "Dale" U. S. General Hospital, Worcester, Mass., Surgeon C. N. CHAMBERLAIN, U. S. Vols., commanding, was inaugurated on the 22d ult. by an oration by Assistant Surgeon WARREN WEBSTER, U. S. Army. The Governor of the Commonwealth, most of the prominent medical men of the State, the Medical Director of the Department, and many other distinguished guests were present. Dr. WEBSTER's address displayed marked ability and extensive research.

#### The Maine Farmer.

Dr. EZEKIEL HOLMES, who for nearly a third of a century has been chief editor of the *Maine Farmer*, published at Portland, in that State, died on the 6th of February, in the sixty-fourth year of his age, after a brief illness. He received the degree of Doctor of Medicine from Bowdoin College in 1824. Dr. HOLMES was an intelligent man of good scientific acquirements, and in his hands the *Maine Farmer* became one of the very best agricultural papers in this or any other country.

The proprietors have secured the services of another medical man as chief editor, in the person of Dr. N. T. TRUE.

We would commend the *Farmer* to the patronage of such of our readers as are blest with "small farms" or even "garden patches." An investment in that direction would pay.

#### A New Pavilion Hospital.

The "Ward" U. S. General Hospital, Newark, N. J., Assistant Surgeon J. THEODORE CALHOUN, U. S. Army, commanding, which has hitherto consisted of some old factories is henceforth to be a pavilion hospital of the modern style. An eligible site of some twenty-six acres of land has been selected and the necessary buildings will be at once erected.

The population of Newark is verging on seventy-five thousand, and it is yet without a civil hospital!

#### State Medical Board.

A Medical Board, convened by order of Surgeon-General Phillips, of this State, will assemble in this city on the 6th of March next, to examine candidates for appointment as assistant surgeons in Pennsylvania regiments. Physicians in good health, furnishing proper testimonials as to moral character, will be admitted to the examination.

Professor S. G. ARMOR, of the University of Michigan at Ann Arbor has in preparation a small work entitled "The Essentials of Materia Medica."

## Correspondence.

### FOREIGN.

#### LETTERS FROM Dr. W. N. COTE.

EDINBURGH, Oct. 14, 1864.

Monument to Prof. Miller.—Edinburgh Medical Missionary Society.

On my arrival in this city I learn that surviving friends of Professor MILLER desire to rear a monument to his memory, and that they think the best way of fulfilling their desire is to place on a more solid and permanent footing the Medical Missionary Training Institution and Dispensary, which is under the auspices of the Edinburgh Medical Missionary Society. Monuments of the great and good are always useful, be it stately architecture or graceful sculpture—every memorial of departed worth

is precious to posterity. In this case, while obelisk or statue would be by no means inappropriate, it has been thought that a living machinery of christian beneficence would best represent the man, would at once commemorate the late Professor MILLER's virtues and continue a work in which he took deep interest. The Medical Missionary Society of Edinburgh and its Dispensary enjoyed a large measure of Professor MILLER's love and labor. That Society, in its members, its aims and its methods, is christian in the widest sense of the term. The list of societies and churches which have obtained missionaries from it demonstrates that the institution is thoroughly catholic, and that it is recognized as such by the christian commonwealth.

The Dispensary is suitably situated in the Cowgate of Edinburgh, where, on the one hand, the highest medical skill may be obtained, and, on the other, an abundance of material whereon to operate, in the manifold ailments of a crowded and indigent population. It is, in all respects, the same as other dispensaries, with the addition of the missionary element. In its medical aspect it holds no mean rank—and not a few students of the University resort to it simply in order to obtain the necessary dispensary department of their medical education.

In its missionary aspect it discharges two cognate functions, one immediate, and the other more remote. Its immediate object is to supply medical advice and medicine gratis to the suffering poor, and, at the same time, in imitation of our Lord's example, to take advantage of openings that may occur for applying the gospel to heal the ailments of the soul. More remotely, its object is to train young men during a course of four years, under the best qualified superintendence, simultaneously in both the material and spiritual departments of a christian medical mission. Young men of education and talents, with christian character, and a spontaneous self-devotion to missionary work, serve here an apprenticeship under a qualified master, that they may be fitted to undertake one of the most difficult, but most sublime and noble occupations, to which christian philanthropists can be called in this world. Young men trained by this Society are now enjoying great advantages and doing a great work in Madagascar, Amoy, Chinkiang, Shanghai, Calcutta, Travancore, Madras, Ragpootana, and Nazareth. One has at this moment the offer of an appointment in Cashmere, from the Church Missionary Society; three of these support themselves in the foreign

field by their professional skill, unaided by any society; and a fourth writes by last China mail, to say that he is about to sail for Nagasaki, to try and plant a medical mission in Japan.

These details which I gather from a circular of the Society, show that although the institution is local as to its position, in its design and actual operation it is for the whole world. It has supplied a great desideratum in the circle of modern missionary effort. Might not an institution of this kind be formed in connection with some medical faculty in America? Many promising young men would gladly study under its auspices, who are now prevented from acquiring medical education on account of the heavy expense which must be incurred in order to obtain the knowledge indispensable to a medical missionary.

W. N. COTE.

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### DOMESTIC.

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#### Growth, supposed to be Fibroid, found after Delivery at regular time.

November 10, 1863, Mrs. F., Deval street, Bushwick, was taken in labor at full term of gestation; age about 35 years; had several living children; no remarkable sickness in her life. Dr. LOEWENSTEIN was attending physician. Strong labor began at midnight; at 4 A. M. rupture of the membranes and discharge of the liquor amnii; after about 11 A. M. no advance.

At about 2 P. M. when I was called in consultation, the os occipitis was pressed against the os pubis of the mother's right side, the cord was prolapsed and cold. The forceps were applied several times without avail; turning was tried, but the tension of the womb was so strong that it was impossible, without rupturing the womb, to enter with the hand so far as to effect turning.

Excerebration was then concluded upon and executed, and the forceps tried again, but the child was so impacted that I again resorted to turning, and succeeded. The placenta was immediately removed to prevent any more hæmorrhage, for the mother's pulse was at this time very low. Wine was given freely.

Immediately after removing the placenta I again introduced my hand to explore the cavity of the uterus, and so cause some irritation to bring about speedy contraction of the womb, and was astonished to find an irregular tumor somewhat lobulated, and so large that I could not grasp it at its widest diameter.

This mass was movable and attached to the fundus of the womb. I am unable to state how broad the pedicle was, as from the position of the patient, who was replaced in bed immediately after delivery, to keep her warm, I was prevented from passing my hand around to the anterior wall of the uterus. But I am positive that it was not an *inversio uteri*, as this body was quite distinct by its form. I forgot to mention that the placenta came away whole, was without adhesion, and was shown to Dr. LOEWENSTEIN.

I communicated this state of things to Dr. LOEWENSTEIN and proposed to pass a ligature around this abnormal growth, but after a short deliberation we resolved to let it alone for the following reasons:

1. The mother was so weakened by the prolonged process of delivery, and had lost so much blood, that every drop of blood and every minute's rest was needed in order to sustain life.
2. That in case of recovery from the first shock an operation was to be considered as a new task.

The woman died the next day under the symptoms of exhaustion. A post-mortem examination was not permitted. This non-permission of a post-mortem examination prevented me before now from speaking of this very rare case, as I feared that nobody would believe it, until I found in the July number of the *London Lancet*, 1864, p. 398, an analogous case submitted to autopsy and published by JOHN S. BEALE, Esq., M.R.C.S.

Williamsburg, N. Y.

C. W.

#### Case of Extra-Uterine Pregnancy.\*

Mrs. W., of west Thirty-first street, was the unhappy victim, the present month, of one of those strange anomalies which only occasionally meet the eye of the practitioner. When they do occur they are worthy of record.

Mrs. W. was married less than two years ago, before she was seventeen years of age. She was a robust girl, of sprightly temperament and active habits. Ten months ago she was delivered of her first child without accident or any circumstance particularly to mark the event. After two or three months the menses returned with their accustomed regularity and continued till six weeks before her death. Suspecting that she was again pregnant, she was

about weaning her child, when on the evening of the 8th of September she was taken suddenly ill—had pain in the side, some febrile action, a slight chill, and went to bed. In the morning she sent for her physician, Dr. FOERTSCH, who prescribed some local application, and a remedy for her increasing pain. But in a few hours she became suddenly worse, the extremities cold, pain very severe, small weak pulse, abdomen unnaturally distended, was delirious, and died at two P. M.

At the request of the coroner I undertook to ascertain the cause of death. I made an autopsy twenty hours after death. The result was the finding of two quarts of blood in the peritoneal cavity and on further search, the rupture of a sac in the right Fallopian tube, which contained the products of conception. The lines of a fœtus were easily traceable and the existence of a placenta undisputed. The case gave a fine opportunity to witness the *corpus luteum* which afforded another positive proof of the existence of pregnancy, if any were needed. The object of this sketch is chiefly to record a fact rather than dilate on the subject in an anatomical, physiological or other point of view.

New York, Sept., 1864.

H. D. R.

## News and Miscellany.

### Incendiarism and Superstition.

The following singular case of incendiarism and superstition is related by Fire Marshal Blackburn in his report for 1864. It occurred in one of the rural wards of this city in August last.

A half-witted girl living with a truck-grower in the First Ward, set fire to the farm-house, which was luckily saved. The next day she fired the barn, which was reduced to ashes. On each occasion, the farmer was working in the field, and his wife was vending vegetables in the market. The young culprit induced them both to believe that the inceptionary was a mysterious stranger, of whom she pretended to give an accurate description. The wife straightway hastened to a fortune teller, who told her the girl's story was true, and that the unknown barn-burner was a Rebel! The planet-reader, relying upon the credulity of the simple-minded woman went further. She alarmed her by telling her that the Rebel intended to return again and burn down every building on the place; but afterwards, to quiet her fears, assured her that she could put a spell on this inveterate enemy, which would prevent him from doing any more mischief there. The charm, of course,

\* Originally communicated for the *American Medical Times*.

was to cost a stipulated sum, and the time was fixed for the credulous truck vender to call and pay the fee! An examination dispelled the illusion, by bringing the real truth to light. The juvenile pyromaniac was placed under proper restraint. Fortune-tellers have often been known to interfere with the detective operations of the police, in cases of robbery, but this was the first instance in which one of these impostors ever crossed the official path of the Fire Marshal.

#### "Unanswered Letter of Little Interest."

In his biography of the celebrated Swiss Physician TISSOT, who died at Lausanne in 1797, says the *Med. Times and Gazette*, Dr. EYNARD publishes a letter addressed to him by NAPOLEON while the writer was an artillery officer. It relates to the Archdeacon of Ajaccio, NAPOLEON's great uncle, then a sufferer from the gout. After detailing his uncle's symptoms at length, NAPOLEON terminates his letter with the expression of his high consideration for his correspondent, derived from a perusal of his works, and an anticipation of the debt of gratitude which he should owe to him. The letter was dated Ajaccio, April 1, 1787, and was endorsed in TISSOT's hand-writing, "Unanswered letter of little interest." It may be doubted whether, had TISSOT lived to the end of the century, this commentary would have appeared on the letter.

#### Physiological Effects of Tobacco.

Dr. B. W. RICHARDSON's views on the physiological effects of tobacco are given in the following summary: 1. The effects that result from smoking are due to different agents imbibed by the smoker, viz.: carbonic acid, ammonia, nicotine, a volatile empyreumatic substance, and a bitter extract. The more common effects are traceable to the carbonic acid and ammonia; the rarer and more severe to the nicotine, the empyreumatic substance, and the extract.

2. The effects produced are very transitory, the poisons finding a ready exit from the body.

3. All the evils of smoking are functional in character, and no confirmed smoker can ever be said, so long as he indulges in the habit, to be well; it does not follow, however, that he is becoming the subject of organic and fatal disease because he smokes.

4. Smoking produces disturbances: (a) in the blood, causing undue fluidity and change in the red corpuscles; (b) on the stomach, giving rise to debility, nausea, and in extreme cases sickness; (c) on the heart, producing debility of that organ and irregular action; (d) on the organs of sense, causing in the extreme degree dilatation of the pupils of the eye, confusion of vision, bright lines, luminous or cobweb specks, and long retention of images on the retina, with other and analogous symptoms affecting the ear, viz.: inability clearly to define sounds, and the annoyance of a sharp ringing sound like a whistle or a bell; (e) on the brain, suspending the waste of that organ, and oppressing it if it

be duly nourished, but soothing it if it be exhausted; (f) on the nervous filaments and sympathetic or organic nerves, leading to deficient power in them, and to over-secretion in those surfaces—glands—over which the nerves exert a controlling force; (g) on the mucous membrane of the mouth, causing enlargement and soreness of the tonsils—smoker's sore throat—redness, dryness, and occasional peeling off of the membrane, and either unnatural firmness or contraction and sponginess of the gums; (h) on the bronchial surface of the lungs when that is already irritable, sustaining the irritation, and increasing the cough.

5. The statements to the effect that tobacco smoke causes specific diseases, such as insanity, epilepsy, St. Vitus' dance, apoplexy, organic diseases of the heart, cancer and consumption, and chronic bronchitis, have been made without any sufficient evidence or reference to facts; all such statements are devoid of truth, and can never accomplish the object which those who offer them have in view.

6. As the human body is maintained alive and in full vigor by its capacity, within certain well-defined limits, to absorb and apply oxygen; as the process of oxidation is most active and most required in those periods of life when the structures of the body are attaining their full development; and as tobacco smoke possesses the power of arresting such oxidation, the habit of smoking is most deleterious to the young, causing in them impairment of growth, premature manhood, and physical degradation."—*London Medical Times*.

#### Haschisch in Turkey, and Absinthe in France.

The sale of haschisch has been interdicted by the Turkish Government. Henceforth it can only be sold by chemists and druggists for purely medicinal purposes. The *Gazette Médicale d'Algerie* wishes for an analogous prohibition in Algeria, where its abuse is carried to an alarming extent. If the use of haschisch is to be prohibited in Algeria, why should not *absinthe* be forbidden in the mother country? Any one who knows anything of the rising generation in France can tell fearful stories about the effects of this pernicious *liqueur* upon the system. The consumption of it is increasing every year, no less than seven and a half million litres having been imported from Switzerland during 1863, to say nothing of the enormous quantities made at home.

#### To Destroy Infectious Air.

At the late meeting of the British Scientific Association at Newcastle, Dr. Richardson said the best way to destroy organic poison in rooms was to place iodine in a small box with a perforated lid. During the epidemic of the small-pox in London, he had seen this used with great benefit. Dr. Murray Thomson said charcoal was now used in the hospitals in India with beneficial effect. It was hung up in bags from the rafters.

## Army and Navy News.

### ARMY.

**ASSIGNMENTS.**—Hospital Steward Hazen B. Goodrich, U. S. A., to duty with the 46th U. S. Colored Troops.  
Hospital Steward Frederick J. K. Fozbrooks, U. S. A. to duty with the 30th U. S. Colored Troops.

Surgeon T. J. Wright, 64th U. S. C. I., to duty as Surgeon in charge of Freedmen for the District of Vicksburg, Miss.

Act'g Ass't Surgeon H. K. Palmer, U. S. A., to duty as Surgeon in Charge of Freedmen for the Department of Arkansas, excepting the District of Eastern Arkansas.

Hospital Steward Charles E. Arnold, U. S. A., to duty with the 41st Colored Troops.

Hospital Steward John R. Hoberts, U. S. A., to duty with the 116th U. S. Colored Troops.

Hospital Steward Lewis G. Baldwin, U. S. A., to duty with U. S. Colored Troops.

Ass't Surgeon Edward Brooke, U. S. A., is hereby relieved from duty in the Army of the Potomac, and ordered to duty in the office of the Medical Director, Department of the East.

Surgeon T. M. Getty, U. S. A., is hereby relieved from duty as Medical Inspector of Prisons, and ordered to temporary duty in the Middle Department.

**RESIGNED.**—Assistant Surgeon R. F. Weir, U. S. A.  
Surgeon James B. McNulty, U. S. Vols.

**RESIGNATIONS ACCEPTED.**—Medical Storekeeper Henry N. Rittenhouse, U. S. A.

Ass't Surgeon John McCurdy, U. S. Vols.

Ass't Surgeon R. F. Weir to take effect March 1st.

**DISMISSED.**—February 18, Assistant Surgeon J. O. Burnett.

**MISCELLANEOUS.**—The hospital steamer *Cosmopolitan* has been ordered to be turned over to the Medical Department, and placed under the immediate control of the Medical Director, Department of the South, at Hilton Head, S. C., for service as a hospital tender for the troops operating under Major-General Sherman in that Department.

### NAVY.

#### Regular Naval Service.

**ORDERED.**—February 18, Surgeon A. L. Gihon, to the Navy Yard, Portsmouth, New Hampshire.

Ass't Surgeon S. J. Clark, to the *Pandalia*.

Surgeon R. L. Weber, to the Naval Rendezvous, Chicago, Ill.

**DETACHED.**—Surgeon John Paul Quinn from the *Minnesota* and ordered to the North Atlantic Squadron.

Passed Ass't Surgeon James H. Finkham from the *Wabash*, and waiting orders.

Ass't Surgeon Charles S. Hubbard from the Navy Yard, Boston, and ordered to the *Connecticut*.

Ass't Surgeon Wm. S. Fort, from the *Minnesota*, and waiting orders.

**FEBRUARY 18.**—Surgeon M. G. Delaney, from the Navy Yard, Portsmouth, N. H., on the reporting of his relief, and waiting orders.

Ass't Surgeon F. L. Du Bois, from the Naval Rendezvous, Chicago, Ill., on the reporting of his relief, and waiting orders.

Ass't Surgeon B. H. Kidder, from the *Colorado*, and ordered to the Naval Academy.

**ORDERS REVOKED.**—The revocation of the appointment of Ass't Surgeon L. J. Dwyer of Feb. 2nd, is cancelled, and his resignation accepted from that date.

#### Volunteer Naval Service.

**ORDERED.**—Act'g Ass't Surgeon A. H. Abernethy of the *North Carolina*, to the *Donegal*.

Act'g Ass't Surgeon M. C. Drennan to the *Emma*.

**DETACHED.**—Act'g Ass't Surgeon Israel Bushong, from the South Atlantic Squadron, on the reporting of his relief, and ordered North.

Act'g Ass't Surgeon J. W. Wilson from the *North Carolina*, and ordered to the *Preston*.

Act'g Ass't Surgeon Edgar S. Smith from the *Potomac*, and ordered to the *Florida*.

Act'g Ass't Surgeon John E. Cobb from the *Neuborn*, and ordered to the *Florida*.

Act'g Ass't Surgeon Edgar S. Smith from the *Florida*, and waiting orders.

Act'g Ass't Surgeon George Dolg, from the *Emma* on the reporting of his relief, and ordered to the South Atlantic Squadron.

**APPOINTED.**—Robert J. Richards Act'g Ass't Surgeon, and ordered to the South Atlantic Squadron.

Benjamin A. Sawyer of Haverhill, Mass., Act'g Ass't Surgeon, and ordered to the *Ohio*.

H. J. Bain of Boston, Mass., Act'g Ass't Surgeon, and ordered to the *Ohio*.

Purley H. Johnson of Adams, N. Y., Act'g Ass't Surgeon, and ordered to the *North Carolina*.

Lewis Durling Jr. of Lawrenceville, Pa., Act'g Ass't Surgeon, and ordered to the *North Carolina*.

Henry Shaw, of Framingham, Mass., Act'g Ass't Surgeon, and ordered to the *Ohio*.

**APPOINTMENTS AND ORDERS REVOKED.**—Act'g Ass't Surgeon Daniel W. Jones in Naval Hospital, New York.

Act'g Ass't Surgeon A. H. Abernethy to the *Dai Ching*, and ordered to the *North Carolina*.

**DISMISSED.**—Act'g Ass't Surgeon Joseph Welsh of the *Menota*.

### MARRIED.

**BARTINE-HANNA.**—On the 21st of Feb., by Rev. D. W. Bartine, D. D., assisted by Rev. Geo. Dana Boardman, D. H. Bartine, M. D., Surgeon 2d Artillery P. V., and Clementine, daughter of John Hanna, Esq., all of this city.

**WHITE-CENTRO.**—On Monday, Feb. 27th, by the Rev. Thomas S. Hastings, Dr. ALFRED W. WHITE and Miss ADA CENTRO, all of New York.

### DIED.

**BASSETT.**—At Brooklyn, L. I., Feb. 24th, after a short illness, CARRIE PHILLIPS, wife of Allen L. Bassett, and daughter of the late John Phillips, M. D., of Bristol, Pa., aged 36 years.

**CAMBLOS.**—On Sunday, the 26th of Feb. SUSAN DORRIS, wife of Geo. W. Camblos, and daughter of the late Dr. Benj. S. Budd, of Mount Holly, N. J.

**ENGLES.**—At Chelsea, Massachusetts, February 28th, Dr. S. ALLEN ENGLES, United States Navy.

**HEMMING.**—On Friday, Feb. 3d, at Alacranes, Island of Cuba, F. W. BOYD HEMMING, M. D.

**LUCE.**—At East Newark, N. J., Friday, Feb. 24th, of diphtheria, Jacob B. Luce, M. D., aged 24 years.

**PARRISH.**—In this city, Feb. 21st, Isaac Parrish, son of Sarah R. and the late Dr. Isaac Parrish, in the 19th year of his age.

**TOPPING.**—In Brooklyn, on Monday, Feb. 27th, of congestion of the lungs, Miss SUSAN A. TOPPING, daughter of the late Dr. E. C. Topping, of Poughkeepsie, Dutchess County, New York.

### METEOROLOGY.

February.	20.	21.	22.	23.	24.	25.	26.
Wind.....	N. W.	N. W.	W.	S. W.	N. W.	E.	S.
Weather ...	Clear.	Cl'dy.	Clear.	Cl'dy.	Clear.	Cl'dy.	Cl'dy.
Depth Rain...				Rain. Fog. 5-10		1 6-10	
<b>Thermometer</b>							
Minimum.....	28°	24°	26°	30°	28°	28°	39°
At 8 A. M.....	31	25	26	39	33	29	45
At 12 M.....	35	36	36	43	35	41	52
At 3 P. M.....	36	37	36	45	36	41	54
Mean.....	32.50	30.75	31.	39.25	33.	34.75	47.25
<b>Barometer.</b>							
At 12 M.....	30.4	30.6	30.7	30.2	30.4	30.2	29.9

Germantown, Pa.

B. J. LEEDON.

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